

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. 07804912	FILING DATE 03-15-01					
							APPLICANT(S)						
<div style="display: flex; justify-content: space-between;"> 03/15/05 CLAIMS </div>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		*				
2		/		/			52						
3		/		/			53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	1	5	1			TOTAL IND.		1		1		1
TOTAL DEP.	10		29				TOTAL DEP.						
TOTAL CLAIMS	12		34				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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